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Susan K. Pocchiari	
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45,016	203-798-5648
	203-7-30-3040
Registration Number, if applicable	Telephone Number
	Telephone Number) Art Unit: 1626) Examiner: Rebecca L. Anderson) Filed: January 17, 2002
Registration Number, if applicable Application of: Ries, U. J. et al Serial No.: 10/051,412 Conf. No.: 9079 Docket No.: 5/1313	Telephone Number) Art Unit: 1626) Examiner: Rebecca L. Anderson) Filed: January 17, 2002 c Activity

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Docket Number (Optional) NOTICE OF APPEAL FROM THE EXAMINER TO 5/1313 THE BOARD OF PATENT APPEALS AND INTERFERENCES I hereby certify that this correspondence is being Facsimile transmitted to In re Application of the United States Patent and Trademark Office (Central Office Ries, U.J. et al Fax #703-872-9306). Filed Application Number on November 11 2004 January 17, 2002 10/051,412 For Carboxylic Acid Amides Having Antithrombotic Activity dechiar Signature, Art Unit Examiner Typed or printed Susan K. Pocchiari 1626 Rebecca L. Anderson Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner. 340.00 The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet. The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 02-2955 . I have enclosed a duplicate copy of this sheet. to Deposit Account No. . I have enclosed a duplicate copy of this sheet. A petition for an extension of time under 37 CFR 1.138(a) (PTO/SB/22) is enclosed. WARNING: Information on this form may become public. Credit card Information should not be included on this form. Provide credit card information and authorization on PTO-2038. I am the Sun K. applicant/inventor. Signature assignee of record of the entire interest. Susan K. Pocchiari See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98) Typed or printed name attorney or agent of record. 45,016 203-798-5648 Registration number Telephone number attorney or agent acting under 37 CFR 1.34. November 11, 2004 Registration number if setting under 37 CFR 1.34. NOTE: Signatures of all the Inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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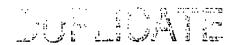
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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 5/1313			
I hereby certify that this correspondence is being Facsimile transmitted to the United States Patent and Trademark Office (Central Office Fax #703-872-9308).	In re Applicat Ries, U.J. 6	•			
on November 11,2004	Application Number 10/051,412		Filed January 17, 2002		
Signature Sun K. Pechian	For Carboxylic Acid Amides Having Antithrombotic Activity				
Typed or printed Susan K. Pocchiari	Art Unit Examiner 1626 Rebecca L. A		xaminer tebecca L. Anderson		
Applicant hereby appeals to the Board of Patent Appeals and Interference	es from the last	decision of the exam	niner.		
The fee for this Notice of Appeal is (37 CFR 41.20(b)(1))			8		
Applicant claims small entity status. See 37 CFR 1.27. Therefore, to by half, and the resulting fee is:	he fee shown at	ove is reduced	\$		
A check in the amount of the fee is enclosed.					
Payment by credit card. Form PTO-2038 is attached.					
The Director has atready been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.					
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 02-2955 . I have enclosed a duplicate copy of this sheet.					
A petition for an extension of time under 37 CFR 1.138(a) (PTO/SB/22) is enclosed.					
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I am the		\cap	\		
applicant/Inventor.	<u> </u>	und. 40	cchian		
assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)	Susa	n K. Pocchiari	r printed name		
attorney or agent of record. 45,016 Registration number		'98-5648	none number		
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attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34.	<u>Nove</u>	mber 11, 2004	Date		
NOTE: Classe was at all the in-	n imboonat aast-t	e engangant-thirdeli			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.					
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